CERTIFICATE OF SERVICE

I, <u>Gini L. Downing</u>_____(name), certify that service of this summons and a copy of the complaint was made <u>February 4, 2022</u>_____(date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
Ascensia Diabetes Care US Inc.
Attn: Chautauqua Bailey
5 Wood Hollow Road
Parsippany, NJ 07054

Ascensia Diabetes Care US Inc.
Attn: Chautauqua Bailey
5 Wood Hollow Road
Parsippany, NJ 07054

☒Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:
Ascensia Diabetes Care US Inc.
Attn: John Martinson, President
5 Wood Hollow Road
Parsippany, NJ 07054

Ascensia Diabetes Care US Inc.
Attn: Mary Puncochar, Vice President
160 Main Lake SCt., Ste. 200
Raleigh, NC 27615-6417

The Corporation Trust Company,
R/A for Ascensia Diabetes Care US Inc.
Corporation Trust Center
1209 Orange St
Wilmington, DE 19801

     I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

     Under penalty of perjury, I declare that the foregoing is true and correct.

Date   <u>February 4, 2022</u>   Signature */s/ Gini L. Downing*_____

           Print Name: <u>Gini L. Downing</u>_____
                          Pachulski Stang Ziehl & Jones LLP
                          10100 Santa Monica Blvd.
                          13th Floor
           Business Address: <u>Los Angeles, CA 90067</u>_____

SENDER: COMPLETE THIS SECTION

- ■ Complete items 1, 2, and 3.
- ■ Print your name and address on the reverse so that we can return the card to you.
- ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ascenia Diabetes Care US Inc.
Attn: John Martinson, President
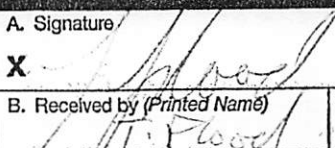5 Wood Hollow Road
Parsippany, NJ 07054

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9590 9402 3367 7227 2947 01

2. Article Number *(Transfer from service label)*

7017 2400 0000 3936 9764

PS Form **3811**, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X _____ ☐ Agent
                      ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

T. Flood

D. Is delivery address different from item 1? ☐ Yes
   If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
-   Insured Mail Restricted Delivery (over $500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- ■ Complete items 1, 2, and 3.
- ■ Print your name and address on the reverse so that we can return the card to you.
- ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ascensia Diabetes Care US Inc.
Attn: Mary Puncochar, Vice President
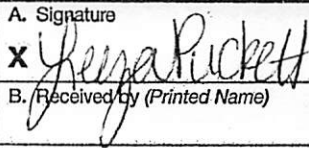160 Main Lake SCt., Ste. 200
Raleigh, NC 27615-6417

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9590 9402 3367 7227 2946 95

2. Article Number *(Transfer from service label)*

7017 2400 0000 3936 9757

PS Form **3811**, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kenza Puckett* ☐ Agent
                      ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery
                             2-14-22

D. Is delivery address different from item 1? ☐ Yes
   If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
-   Insured Mail Restricted Delivery (over $500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

- ■ Complete items 1, 2, and 3.
- ■ Print your name and address on the reverse so that we can return the card to you.
- ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The Corporation Trust Company,
R/A for Ascensia Diabetes Care US Inc.
Corporation Trust Center
1209 Orange St
Wilmington, DE 19801

9590 9402 3367 7227 2946 88

2. Article Number *(Transfer from service label)*

7017 2400 0000 3936 9740

PS Form **3811**, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X   ☐ Agent
                                           ☐ Addressee

B. Received by *(Printed Name)*   C. Date of Delivery

D. Is delivery address different from item 1?   ☐ Yes
   If YES, enter delivery address below: ☐ No

RECEIVED

FEB 0 8 2022

CT CORPORATION

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
Insured Mail Restricted Delivery
(over $500)

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt